



PTO/SB/21 (08-08)

Approved for use through 09/30/2008. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/554,234-Conf. #6538
	Filing Date	October 21, 2005
	First Named Inventor	Makoto Kobayashi
	Art Unit	1649
	Examiner Name	John D. Ulm
Total Number of Pages in This Submission	Attorney Docket Number	68116(46342)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Electronic Copy of Sequence Listing; Sequence Listing Statement; Return Receipt Postcard and Express Mail Certificate
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Amy DeCloux		
Date	September 22, 2008	Reg. No.	54,849



PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known		
FEE TRANSMITTAL For FY 2008			Application Number	10/554,234-Conf. #6538	
			Filing Date	October 21, 2005	
			First Named Inventor	Makoto Kobayashi	
			Examiner Name	John D. Ulm	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1649	
TOTAL AMOUNT OF PAYMENT		(\$)	120.00	Attorney Docket No.	68116(46342)

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-1105</u>
Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims				Multiple Dependent Claims	
Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)	
_____ - 20 = _____ x _____ = _____					
HP = highest number of total claims paid for, if greater than 20.					

Indep. Claims				Multiple Dependent Claims	
Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)	
_____ - 3 = _____ x _____ = _____					
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u>		120.00

SUBMITTED BY			
Signature	<u>Amy DeCloux</u>	Registration No. (Attorney/Agent)	54,849
Name (Print/Type)	Amy DeCloux	Telephone	(617) 239-0294
		Date	September 22, 2008

Certificate of Express Mailing Under 37 CFR 1.10

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Transmittal (1 page)
Fee Transmittal (1 page)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment in Response to Non-Final Office Action (19 pages)
Computer Readable copy of Sequence Listing
Paper Copy of Sequence Listing (3 pages)
Sequence Listing Statement (2 pages)
Express Mail Certificate (1 page)
Return Receipt Postcard
Charge \$120.00 to deposit account 04-1105